

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : **10/605,342** Confirmation No. **2341**  
Applicants: : **Nidal A. Samad et al.**  
Filed: : **09/23/2003**  
Art Unit : **1724**  
Examiner : **Fred G. Prince**  
Docket No. : **1321.37**  
Customer No. : **21,901**  
For : **Domestic Wastewater Treatment System**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT TRANSMITTAL**

1. Transmitted herewith is an amendment for this application.

**STATUS**

2. Applicants qualify as independent inventors.

**EXTENSION OF TERM**

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.  
Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

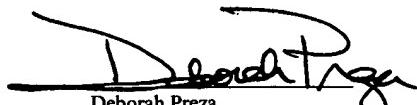
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**CERTIFICATE OF MAILING**

(37 C.F.R. 1.10)

I HEREBY CERTIFY that this Amendment A, including Amendments to the Specification, Amendments to the Claims, Amendments to the Drawings, and Remarks, is being deposited with the United States Postal Service in an envelope as "Express Mail Post Office to Addressee," mailing Label No. EV505918080US, addressed to: Mail Stop Amendment, P.O. Box 1450, Alexandria, VA 22313-1450 on September 30, 2004.

Dated: September 30, 2004



Deborah Preza

## FEE FOR CLAIMS

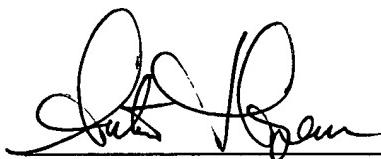
4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col.1)	(Col. 2)	(Col. 3) SMALL ENTITY		
Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total      15	Minus      20	= 0	x \$9 =	\$0
Indep.      2	Minus      3	= 0	x \$43 =	\$0
First Presentation of Multiple Dependent Claim			+ \$145 =	\$0
			Total	
			Addit. Fee	\$0

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3,
  - \*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
  - \*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
- The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

Very respectfully,



SIGNATURE OF PRACTITIONER

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